

West Virginia Medicaid

Redesign Benefit Packages

Adults

| Basic Plan | Enhanced Plan |
|--|---|
| Inpatient Services* <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services | Inpatient Services* <ul style="list-style-type: none"> Inpatient Hospital Care Inpatient Psychiatric Services |
| Outpatient Services <ul style="list-style-type: none"> Diagnostic x-ray, laboratory services and testing* Occupational Therapy* Physical Therapy* Speech Therapy* Dental Services (Emergent Treatment) | Outpatient Services <ul style="list-style-type: none"> Diagnostic x-ray, laboratory services and testing* Occupational Therapy* Physical Therapy* Speech Therapy* Dental Services (Emergent Treatment) Weight Management Cardiac Rehabilitation* Pulmonary Rehabilitation* |
| Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits Specialty Care* | Physician/NP/MW Services RHC/FQHC <ul style="list-style-type: none"> Primary Care Office Visits Physician Office Visits Specialty Care* Podiatry* Diabetes education/nutritional counseling |
| Home Health (prior authorization, after 60 units)*** | Home Health (prior authorization after 60 units)*** |
| DME (limited \$1000 per year with prior authorization if exceeded) *** <ul style="list-style-type: none"> Orthotics and Prosthetics** | DME ** <ul style="list-style-type: none"> Orthotics and Prosthetics** |
| Nursing Home Services* | Nursing Home Services* |
| Family Planning Services and Supplies | Family Planning Services and Supplies |
| NEMT | NEMT |
| Hospice* | Hospice* |
| Ambulance | Ambulance |
| Prescriptions (limited to 4 per month) *** | Prescriptions |
| | Chiropractic Services *** |
| | Tobacco Cessation Program |
| Chemical Dependency/Mental Health Services* | Chemical Dependency/Mental Health Services* |
| | Nutritional Education |

*Prior authorization for medical necessity only

** Prior authorization for medical necessity, subject to service limitations listed in BMS provider manuals at www.wvdhhr.org/bms

***Prior authorization based on medical necessity to exceed limits